

Page 1 of 2

Department of Veterans Affairs		COMPLAINT OF EMPLOYMENT DISCRIMINATION	
1. NAME (Last, first, middle initial) (Please print) Stewart, Harvey L. Jr		2. MAILING ADDRESS P.O. Box 7228 Fairhaven, MA 02719	
		3a. WORK TELEPHONE NUMBER (Include Area Code) (608) 583-4500 EXT 240	
		3b. HOME TELEPHONE NUMBER (Include Area Code) (608) 993-8368	
4. ARE YOU: <input checked="" type="checkbox"/> A VA EMPLOYEE <input type="checkbox"/> AN APPLICANT FOR EMPLOYMENT <input type="checkbox"/> A FORMER VA EMPLOYEE		5a. JOB TITLE, SERIES AND GRADE Health Technician / Case Manager GS-64016 5b. SERVICE/SECTION/PRODUCT LINE Domiciliary Service Mental Health Service Line	
		6. NAME AND ADDRESS OF VA FACILITY WHERE DISCRIMINATION OCCURRED Brockton, VA MC 940 Belmont St Brockton, MA 02301	
INSTRUCTIONS: For each employment related matter that you believe was discriminatory you must list the bases (list one or more of the following): Race (Specify), Color (Specify), Religion (Specify), Sex (Male or Female), Sexual Orientation, National Origin (Specify), Age (Provide date of birth), Disability (Specify), and Reprisal for prior EEO activity or having opposed discrimination.			
7. BASIS <u>FEARED THE LOSS OF MY CAREER</u>		8. CLAIM(S) <u>USED GRIEVANCE PROCESS</u>	
(What employment related claim(s) - personnel action(s), incident(s), or event(s), caused you to file this complaint? Briefly, describe what happened below. Use an additional sheet of paper if necessary.)		9. DATE OF OCCURRENCE (Include the most recent date(s))	
Reprisal - Reports being Assaulted by Patient (TS) Progress Note		April 4, 1999	
Advocating for L. Patrick Soliciting Patient (TS) to Charge Staff w/ Abuse 7:15 AM		April 5, 1999	
Treatment - Morning Rounds Report of Assault & Battery on Staff - Treatment Team and Chief R. Hallatt (Psychological Eval Requested)		April 5, 1999	
Reprisal - Chief Hallatt orders me off Unit		April 13, 1999	
Reprisal - Chief Hallatt Addresses Patient Community Frt Accompl of Assault		April 14, 1999	
Reprisal - Details me to GI Clinic Assigning His Wife as Supervisor		April 14, 1999	
Reprisal - Details to Nursing Assistant Position 4 Month GI		April 15, 1999	
Reprisal - Reduction in Charges/original Charges Filed 7/28/99		July 28, 1999	
Reprisal - Details to Temporarily to Transitional Psychiatric Unit		Aug 2, 1999	
Reprisal - I Remain Here at Present 2 yrs 8 mo			
Resolution Sought John Little Chief HR Brockton ORDERS Audit, Discusses Issues		June 13, 2000	
Reprisal - Ordered to be Creating Nursing Assistant		Dec 2000	
Reprisal - Threats of being Written Up X3 & Fired Per S. Patrick/By R. Watts		Jan 8, 2000	
10. <u>FEARED</u> <u>LOSS OF MY CAREER</u> Supported by R. Hallatt According to Robert Watts I HAVE NO NURSING TRAINING PRIOR TO DETAILS - RESUME ENCLOSED Mr. R. Watts Maintains Hostile Feelings From a Previous Prior Relationship Prior Position Under Robert Hallatt of which he is very aware Prior to Detailing me Under Mr. Watts			
11a. DO YOU HAVE A REPRESENTATIVE? Awaiting the outcome of this process <input type="checkbox"/> YES <input type="checkbox"/> NO		11b. IF "YES," IS HE OR SHE AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		11c. PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR REPRESENTATIVE	
12a. HAVE YOU CONTACTED AN EEO COUNSELOR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12b. NAME OF EEO COUNSELOR Edwin C Muller ORM (ORM)	
		12c. DATE OF INITIAL CONTACT WITH ORM 12/7/01	
13. NOTE: If you contacted an EEO Counselor more than 45 calendar days after the Date(s) of Occurrence, listed in item 9, or if this complaint is filed more than 15 calendar days after receipt of a Notice of Right to File a Discrimination Complaint, you must explain why you were untimely in seeking EEO counseling or untimely in filing a complaint. (If more space is needed, use an additional sheet of paper.) <u>FEARED LOSS OF MY CAREER BEING UNABLE TO OBTAIN RESOLUTION BY GRIEVANCE</u>			
14a. HAVE YOU FILED A UNION GRIEVANCE ON ANY CLAIM(S) LISTED ABOVE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14b. IF "YES," LIST THE CLAIM(S) AND DATE OF FILING Letter of Advise ment Aug 8, 1999 OCT 31, 2001	
		14c. HAVE YOU FILED AN APPEAL WITH THE MERIT SYSTEM PROTECTION BOARD (MSPB) ON ANY OF THE CLAIMS LISTED ABOVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. HAVE YOU FILED THIS COMPLAINT WITH ANYONE ELSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		15b. IF "YES," PROVIDE THE NAME AND ADDRESS Addresses Provided through ADR Consideration Under Advise ment	
17. SIGNATURE OF COMPLAINANT (Do not print) Harvey L. Stewart Jr		18. DATE 3/26/02	

Page 2 of 2

Department of Veterans Affairs		COMPLAINT OF EMPLOYMENT DISCRIMINATION	
1. NAME (Last, first, middle initial) (Please print) Stewart, Harvey L. Jr.		2. MAILING ADDRESS P.O. Box 768 Fairhaven, MA. 02719	
3a. WORK TELEPHONE NUMBER (Include Area Code) (508) 583-4500 EXT 1240		3b. HOME TELEPHONE NUMBER (Include Area Code) (508) 993-8358	
4. ARE YOU: <input checked="" type="checkbox"/> VA EMPLOYEE <input type="checkbox"/> AN APPLICANT FOR EMPLOYMENT <input type="checkbox"/> A FORMER VA EMPLOYEE	5a. JOB TITLE, SERIES AND GRADE Health Technician/Care Manager GS-640/6 5b. SERVICE/SECTION/PRODUCT LINE Domestic Service Mental Health Service Line	6. NAME AND ADDRESS OF VA FACILITY WHERE DISCRIMINATION OCCURRED Brockton VAMC 940 Belmont St. Brockton, MA. 02301	
INSTRUCTIONS: For each employment related matter that you believe was discriminatory you must list the bases (list one or more of the following): Race (Specify), Color (Specify), Religion (Specify), Sex (Male or Female), Sexual Orientation, National Origin (Specify), Age (Provide date of birth), Disability (Specify), and Reprisal for prior EEO activity or having opposed discrimination.			
7. BASIS <u>FEARED THE LOSS OF MY CAREER</u>		8. CLAIM(S) <u>Used Grievance Process</u>	
(What employment related claim(s) - personnel action(s), incident(s), or event(s), caused you to file this complaint? Briefly, describe what happened below. Use an additional sheet of paper if necessary.)		9. DATE OF OCCURRENCE (Include the most recent date(s))	
Initiated Job Application Submission of Supervisors Comments of Application Package to upgrade My Professional Status Reprisal A) Verbal Admonishment For Scheduling Error B) Incident Report Written Against Me C) Letter of Admonishment Issued D) Letter of Counsel E) Informal: "You Have No Future In the VA because You Embarrassed Bob H."		OCT 1, 2001 OCT 9, 2001 OCT 11, 2001 OCT 22, 2001 DEC 6, 2001 April 12, 2001	
ISSUED BY: John Little Chief of Human Resources Brockton Resolution to: Audit ordered for Reclassification based on Duties performed while working the Homeless Domesticity - Mark Gallagher Reprisal - False Charges Filed Against Me - Dropping No Resolution Complaint to EEO Informal EEO Contact - Sharon O'Leary		JUNE 2000 APRIL 4, 1999 JULY 1998	
10. REMEDIES SOUGHT 1) I would Request I be Cleared of All Allegations Against Me Formally 2) I would Request to be Allowed to Pursue a Position Consistent with My Education AND TRAINING To Exclude Completion of Audit & Appropriate UP GRADE 3) I Request the Provisions Provided For by Veterans Employment Opportunities Act of 1998, Memorandum #00-99-45 DEC 1, 1999 TIL 6-3, VRA (CFR 301.103)			
11a. DO YOU HAVE A REPRESENTATIVE? Awaiting the Outcome of This Process <input type="checkbox"/> YES <input type="checkbox"/> NO	11b. IF "YES," IS HE OR SHE AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO	11c. PROVIDE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF YOUR REPRESENTATIVE	
12a. HAVE YOU CONTACTED AN EEO COUNSELOR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12b. NAME OF EEO COUNSELOR Edwin C. Muller ORM (OSM)	12c. DATE OF INITIAL CONTACT WITH ORM 12/7/01	
13. NOTE: If you contacted an EEO Counselor more than 45 calendar days after the Date(s) of Occurrence, listed in item 9, or if this complaint is filed more than 15 calendar days after receipt of a Notice of Right to File a Discrimination Complaint, you must explain why you were unable to seek EEO counseling or why you were unable to file a complaint. (If more space is needed, use an additional sheet of paper.) <u>FEARED LOSING MY CAREER BEING UNABLE TO OBTAIN A RESOLUTION THROUGH A GRIEVANCE</u>			
14a. HAVE YOU FILED A UNION GRIEVANCE ON ANY CLAIM(S) LISTED ABOVE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	14b. IF "YES," LIST THE DATE(S) AND NAME OF THE GRIEVANCE BOARD Letter of Admonishment Aug 8, 1999 OCT 31, 2001	15. HAVE YOU FILED AN APPEAL WITH THE MERIT SYSTEM PROTECTION BOARD (MSPB) ON ANY OF THE CLAIMS LISTED ABOVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15b. IF "YES," LIST THE ISSUE(S) AND DATE MSPB APPEAL FILED
16a. HAVE YOU FILED THIS COMPLAINT WITH ANYONE ELSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	16b. IF "YES," PROVIDE THE NAME AND ADDRESS Addresses Provided through RDR Consideration Under Admonishment		
17. SIGNATURE OF COMPLAINANT (Do not print) Harvey L. Stewart Jr.			18. DATE 3/9/02